

NUTRITION GLOSSARY

A resource for communicators

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Acute malnutrition – Also known as ‘**wasting**’, acute malnutrition is characterized by a rapid deterioration in nutritional status over a short period of time. In children, it can be measured using the weight-for-height nutritional index or mid-upper arm circumference. There are different levels of severity of acute malnutrition: moderate acute malnutrition (MAM) and severe acute malnutrition (SAM).

Adequate basic ration – An adequate ration meets the population's minimum energy, protein, fat and micronutrient requirements in emergency situations where the population is dependent on food assistance. The initial energy requirement used to design rations in emergencies is 2,100 kilocalories per person per day, which can then be adjusted to the changing local situation. The rations should be culturally acceptable and appropriate for all population subgroups (such as infants and young children).

Anaemia – Characterized by reduction in haemoglobin levels or red blood cells which impairs the ability to supply oxygen to the body's tissues, anaemia is caused by inadequate intake and/or poor absorption of iron, folate, vitamin B12 and other nutrients. It is also caused by infectious diseases such as malaria, hookworm infestation and schistosomiasis; and genetic diseases. Women and children are high-risk populations. Clinical signs include fatigue, pallor (paleness), breathlessness and headaches.

Angular stomatitis – Characterized by inflammation at the corners of the mouth, angular stomatitis is a sign of riboflavin (vitamin B2) deficiency.

Anthropometric status – The growth status of an individual's body measurements in relation to population reference values.

Anthropometry – Anthropometry is the use of body measurements such as weight, height and mid-upper arm circumference (MUAC), in combination with age and sex, to gauge growth or failure to grow.

Artificial feeding – The feeding of infants with only a breast milk substitute.

Ariboflavinosis – A clinical condition resulting from a deficiency in riboflavin (vitamin B2). Clinical signs include the presence of **angular stomatitis**.

Beriberi – Caused by thiamin (vitamin B1) deficiency; there are many clinically recognizable syndromes including wet beriberi (which affects the cardiovascular system), dry beriberi (which affects the nervous system) and infantile beriberi (which affects infants breastfed by women with thiamin (vitamin B1) deficiency).

Bitot's spots – Clinical sign of vitamin A deficiency, characterized by dryness of the eyes accompanied by foamy accumulations on the conjunctiva that often appear near the outer edge of the iris.

Blanket feeding – The feeding of an affected population without targeting specific groups.

Blended foods - Mixtures of milled cereals and other ingredients such as pulses, dried skimmed milk and possibly sugar and oil. Blended foods are produced by dry-blending of milled ingredients; toasting or roasting and milling of ingredients; extrusion cooking, which results in a “pre-cooked” food. The final product is milled into a fine powder and fortified with a mineral and vitamin premix and is subject to specific requirements. Examples of blended foods include wheat-soy blend and corn-soy blend.

Body mass index (BMI) – Defined as an individual's body mass (in kilograms) divided by height (in metres squared): BMI units = kg/m². Acute malnutrition in adults is measured by using BMI.

BP 5 – An example of a fortified high-energy biscuit designed to be used in the acute phase of disaster relief operations (also used as a supplement to local food in feeding programmes for treatment of moderate malnutrition).

BP 100 – An example of a ready-to-use therapeutic food designed to be used in the rehabilitation and treatment phase of severely malnourished children and adults.

Breast milk substitute – Any food marketed or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose.
(Communications note: UNICEF avoids all photo images and video images of infants being bottle-fed. We do not mention infant formula in our communications materials, as UNICEF promotes exclusive breastfeeding in the first six months of life, even in emergencies.)

Chronic malnutrition – Chronic malnutrition, also known as ‘**stunting**’, is a form of growth failure which develops over a long period of time. Inadequate nutrition over long periods of time (including poor maternal nutrition and poor infant and young child feeding practices) and/or repeated infections can lead to stunting. In children, it can be measured using the height-for-age nutritional index.

The Code – The International Code of Marketing of Breast-Milk Substitutes adopted by the World Health Assembly (WHA) in 1981, and regularly updated through subsequent WHA resolutions.

Colostrum – The first thick, yellow milk secreted by the breasts in the first few days after childbirth. Colostrum has many benefits: it contains antibodies and other protective proteins that protect against infections and help regulate a baby's developing immune system; it contains growth factors, which help the infant's intestine to mature and function; it is rich in Vitamin A, Vitamin K and other nutrients; and it helps to prevent or reduce jaundice, which can be common among babies.

Community-based management of acute malnutrition (CMAM) – This approach aims to maximize coverage and access of the population to treatment of severe acute malnutrition by providing timely detection and treatment of acute malnutrition through

community outreach and outpatient services, with inpatient care reserved for more critical cases. CMAM includes: inpatient care for children with SAM with medical complications and infants under 6 months of age with visible signs of SAM; outpatient care for children with SAM without medical complications; and community outreach for early case detection and treatment.

Complementary feeding – The use of age-appropriate, adequate and safe solid or semi-solid food in addition to breast milk or a breast milk substitute. The process starts when breast milk or infant formula alone is no longer sufficient to meet the nutritional requirements of an infant. It is not recommended to provide any solid, semi-solid or soft foods to children less than 6 months of age. The target range for complementary feeding is generally considered to be 6–23 months.

Corn soya blend or corn soy blend (CSB) – A type of **blended food**.

Cretinism – A severe mental and physical disability that occurs in the offspring of women who have severe iodine deficiency, which occurs during the first trimester of pregnancy.

‘Dry’ feeding – Food provided in the form of a dry (take-home) ration.

Early warning system – An information system designed to monitor indicators that may predict or forewarn of impending food shortages, worsening of the nutritional situation or famine.

Early initiation of breastfeeding – Breastfeeding within one hour of birth.

Emergency school feeding – Food distribution at schools provided as a cooked meal or a supplement in school or as a take-home ration. It aims to relieve short term hunger and improve school attendance and performance.

Enrichment – Also known as ‘**fortification**’, this is the process of adding micronutrients, or restoring those lost during processing, to food products. Examples include the enrichment of wheat flour with vitamin B1, niacin and iron.

Exclusive breastfeeding – An infant receives only breast milk and no other liquids or solids, not even water, with the exception of oral rehydration salts (ORS) or drops or syrups consisting of vitamins, mineral supplements or medicines. UNICEF recommends exclusive breastfeeding for infants aged 0-6 months.

F-75 and F-100 – Examples of **therapeutic milks**. F-75 is a ‘starter’ milk used during the initial management (Phase 1) of severe acute malnutrition. F100 is a ‘catch-up’ milk used during the rehabilitation phase (Phase 2) of severe acute malnutrition. These therapeutic milks come in powder form and are reconstituted. They also contain fats, sugar, micronutrients and other nutrients. Both F-75 and F-100 must be given under medical supervision.

Famine – Famine is a highly technical term, to be used under very specific circumstances. Different definitions of famine exist as there are different classifications that are used to measure levels of food insecurity and that set cut-off limits for determining different phases of food security. These classifications typically use indicators such as anthropometrics and mortality. One example is the Famine Magnitude scale of Howe and Devereux which classifies the magnitude of famines: food secure, food insecure, food crisis, famine, severe famine, and extreme famine based on livelihood measures and measurements of mortality and child malnutrition to categorize a situation. Using this scale, famine conditions are defined as crude mortality rate ≥ 1 but $< 5/10,000/\text{day}$, and/or Wasting ≥ 20 per cent but < 40 per cent, and/or prevalence of oedema. Another example is the Integrated Food Security and Humanitarian Phase Classification (IPC) system, which classifies phases into generally food secure, moderately/borderline food insecure, acute food and livelihood crisis, humanitarian crisis and famine/human catastrophe. Here a famine/human catastrophe is classified by the key reference outcomes: *crude mortality rate* $> 2/10,000/\text{day}$; *acute malnutrition* > 30 per cent; *disease pandemic*; *food access/availability* extreme entitlement gap, much below 2,100 kilocalories per person per day; *water access/availability* < 4 litres/person/day; *destitution/displacement*: large scale, concentrated; *civil insecurity widespread*: high intensity conflict; *livelihood assets*: effectively complete loss.

Follow-on/follow-up formula – Breast milk substitute formulated for infants aged 6 months or older.

Food fortification – The addition of micronutrients to a food during or after processing to amounts greater than were present in the original food product. This is also known as ‘enrichment’.

Food security – Access by all people at all times to sufficient, safe and nutritious food needed for a healthy and active life. (1996 World Food Summit definition).

Food taboos – Foods that are not eaten for cultural or religious reasons.

Fortificant – Vitamins and minerals added to fortify foods.

General food distribution or **general food ration** – Distribution of a combination of food commodities to an emergency-affected population.

Global acute malnutrition (GAM) – The total number of children aged between 6 and 59 months in a given population who have **moderate acute malnutrition**, plus those who have **severe acute malnutrition**. (The word ‘global’ has no geographic meaning.) When GAM is equal to or greater than 15 per cent of the population, then the nutrition situation is defined as ‘critical’ by the World Health Organization (WHO). In emergency situations, the nutritional status of children between 6 and 59 months old is also used as a proxy to assess the health of the whole population.

Goitre – Swelling of the thyroid gland in the neck caused by iodine deficiency.

Growth monitoring and promotion – Individual-level assessment where the growth of infants and young children are monitored over time in order to identify and address growth faltering and growth failure.

Height-for-age nutritional index – A measure of stunting or chronic malnutrition.

High-energy peanut butter paste - A common ready-to-use therapeutic food (RUTF or RUF) which is a high protein and high-energy peanut-based paste that tastes slightly sweeter than peanut butter. It requires no water for preparation or refrigeration and has a two-year shelf life, making it easy to deploy in difficult conditions to treat severe acute malnutrition. It is distributed under medical supervision, predominantly to parents of malnourished children whose nutritional status has been assessed by a doctor or a nutritionist. *(Communications note: Plumpy'nut is one well-known brand of RUTF but the Supply Division notes that we should not use that brand name when talking about RUTFs because it would be to the detriment of other brands, resulting in a less competitive market for RUTFs. It is better to just say high-energy peanut butter paste).*

Home-modified animal milk – A breast milk substitute for infants up to 6 months old prepared at home from fresh or processed animal milk, suitably diluted with water and with the addition of sugar and micronutrients.

Home-based care – Care and/or nutrition interventions given to individuals in their homes.

Infant and young child feeding (IYCF) – Term used to describe the feeding of infants (less than 12 months old) and young children (12–23 months old). IYCF programmes focus on the protection, promotion and support of exclusive breastfeeding for the first six months, on timely introduction of complementary feeding and on continued breastfeeding for two years or beyond. Issues of policy and legislation around the regulation of the marketing of infant formula and other breast milk substitutes are also addressed by these programmes.

Infant feeding in emergencies – Infant and young child feeding in emergencies is concerned with protecting and supporting optimal infant and young child feeding for children under the age of 2 years in emergency situations. This includes protection and support for early, exclusive and continued breastfeeding, reducing the risks of artificial feeding for non-breastfed infants, and appropriate, timely and safe complementary feeding. Infants who are not breastfed and who are particularly at risk in emergency settings also need protection and support.

Infant formula – A breast milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards. The Codex Alimentarius Commission was established in 1963 by the Food and Agriculture Organization (FAO) and WHO to protect the health of consumers and to ensure fair practices in the international food trade.

Infant feeding equipment – Bottles, teats, syringes and baby cups with or without lids and/or spouts.

Inpatient care – Care which requires patients to be admitted to a health facility. Patients with complicated severe malnutrition (metabolic disturbances) are treated in inpatient care before continuing treatment in outpatient care. Examples of inpatient care include are ‘Phase I’, ‘therapeutic feeding unit’, ‘therapeutic feeding centre’ or ‘**stabilization centre**’.

Iodine deficiency disorders – A range of abnormalities which result from iodine deficiency, including reduction of IQ (on average a 10 to 15 per cent reduction), **goitre** and **cretinism**.

Kwashiorkor – Clinical form of acute malnutrition resulting from protein-energy deficiency characterized by **oedema** (swelling). Children with kwashiorkor typically have bilateral pitting oedema, reduced fat and muscle tissue, skin lesions (dermatosis) and frequent skin infections, and appear apathetic and lethargic.

Low birthweight – A birthweight of less than 2,500 grams.

Macronutrients – Fat, protein and carbohydrates that are needed for a wide range of body functions and processes.

Malnutrition – A broad term commonly used as an alternative to ‘undernutrition’, but which technically also refers to overnutrition. People are malnourished if their diet does not provide adequate nutrients for growth and maintenance or if they are unable to fully utilize the food they eat due to illness (**undernutrition**). They are also malnourished if they consume too many calories (**overnutrition**).

Marasmus – Clinical form of acute malnutrition characterized by severe weight loss or **wasting**. Marasmic children are extremely thin and typically have grossly reduced fat and muscle and thin flaccid skin, and are irritable

Micronutrients – Essential vitamins and minerals required by the body in miniscule amounts throughout the life cycle.

Micronutrient deficiency diseases – When certain micronutrients are severely deficient owing to insufficient dietary intake, insufficient absorption and/or suboptimal utilization of vitamins or minerals, specific clinical signs and symptoms may develop. **Scurvy**, **beriberi** and **pellagra** are classic examples of nutritional diseases.

Micronutrient malnutrition – Suboptimal nutritional status caused by a lack of intake, absorption or utilization of one or more vitamins or minerals. Excessive intake of some micronutrients may also result in adverse effects.

Mid-upper-arm circumference – The circumference of the mid-upper arm is measured on a straight left arm (in right-handed people) midway between the tip of the shoulder (acromion) and the tip of the elbow (olecranon). It measures **acute malnutrition** or **wasting** in children aged 6–59 months. The mid-upper-arm circumference (MUAC) tape is a plastic strip, marked with measurements in millimetres. MUAC < 115mm indicates

that the child is severely malnourished; MUAC < 125mm indicates that the child is moderately malnourished.

Moderate acute malnutrition – Defined as weight-for-height between minus two and minus three standard deviations from the median weight-for-height for the standard reference population.

Multiple micronutrient powder – Comes in a little sachet to sprinkle on food which contains most of the micronutrients needed. Proposed for children aged 6–23 or 59 months to improve the quality of complementary food, or for pregnant mothers.

Night blindness – Inability to see well in the dark or in a darkened room. An early sign of vitamin A deficiency.

Nutritional index – Different nutritional indices measure different aspects of growth failure (**wasting**, **stunting** and **underweight**) and thus have different uses. The main nutritional indices for children are weight-for-height, MUAC-for-age, sex and height, height-for-age, weight-for-age, all compared to values from a reference population. In emergency situations, weight-for-height (wasting) is commonly used for nutritional assessments.

Nutritional requirements – The amount of energy, protein, fat and micronutrients needed for an individual to sustain a healthy life.

Nutritional screening – Individual-level assessment where each person is measured in order to identify and refer those needing further check-ups or such services as supplementary or therapeutic feeding.

Nutritional status – The growth or micronutrient status of an individual.

Nutrition surveillance – The regular collection of nutrition information that is used for making decisions about actions or policies that will affect nutrition. In emergency situations, nutritional surveillance is part of early warning systems to measure changes in nutritional status of populations over time to mobilize appropriate preparation and/or response.

Nutrition survey – Survey to assess the severity, extent, distribution and determinants of malnutrition in a population. Nutrition surveys in emergencies assess the extent of undernutrition or estimate the numbers of children who might require supplementary and/or therapeutic feeding or other nutritional support.

Oedema – Bilateral oedema (fluid retention on both sides of the body), caused by increased fluid retention in extracellular spaces, is a clinical sign of **severe acute malnutrition**. There are different clinical grades of oedema: mild, moderate and severe.

Outpatient therapeutic care programme – Outpatient care for treatment and management of **severe acute malnutrition** that connects treatment in the health facility, but does not require admission to the health facility. Treatment is carried out while

patients remain at home, and involves intermittent health facility visits and/or community outreach.

Pellagra – Caused by niacin (Vitamin B3) deficiency, which affects the skin, gastrointestinal tract and nervous systems; sometimes called ‘the 3 Ds’: dermatitis, diarrhoea and dementia.

Public nutrition approach – Broad population-based approach to address nutritional problems that explicitly recognizes the complex and coexisting causes of malnutrition, the different types of interventions to address nutrition, which range from the individual to population level, as well as the broader social, political and economic factors that determine nutritional status.

Rapid nutrition assessment – An assessment which is carried out quickly to establish whether there is a major nutrition problem and to identify immediate needs of the population. Screening individuals for inclusion in selective feeding programmes is also a form of rapid nutrition assessment.

Ration – The ration or ‘**food basket**’ usually consists of a variety of basic food items (cereals, oil and pulses) and, possibly, additional foods known as complementary foods (meat or fish, vegetables and fruit, fortified cereal blends, sugar, condiments) that enhance nutritional adequacy and palatability.

Ready-to-use infant formula – A type of breast milk substitute that is nutritionally balanced and packed in a form that is ready to use for infants who do not have the option of being breastfed.

Ready-to-eat meals – A type of emergency ration that is a nutritionally balanced, ready-to-eat and complete food. They generally come in two forms: as compressed, vacuum-packed bars or as tablets.

Ready-to-use supplementary foods – Specialized ready-to-eat, portable, shelf-stable products, available as pastes, spreads or biscuits, that meet the supplementary nutrient needs of those who are not severely malnourished. They are increasingly used for the management of **moderate acute malnutrition**.

Ready-to-use therapeutic foods – Specialized ready-to-eat, portable, shelf-stable products, available as pastes, spreads or biscuits that are used in a prescribed manner to treat children with severe acute malnutrition.

Recommended daily allowance – The average daily dietary intake of nutrients that is sufficient to meet the nutrient requirements of nearly all (approximately 98 per cent of) healthy individuals in a given population. For calories, the recommended daily allowance is based on the mean for a given population.

Reference population – Also known as ‘growth standards’; based on surveys of healthy children, whose measurements represent an international reference for deriving an individual's **anthropometric status**.

Rehabilitation phase – The third phase of treatment for complicated severe acute malnutrition or initial treatment for uncomplicated severe acute malnutrition. It aims to promote rapid weight gain and to help the individual regain strength through regular feeds of high-nutrient and energy dense foods and is ideally implemented as outpatient treatment.

Re-lactation – Induced lactation (breastfeeding) in someone who has previously lactated.

Replacement feeding – For infants who are not being breastfed, the provision of a nutritionally adequate diet until the age at which they can be fully fed on family foods.

Resomal – Oral rehydration solution for children with severe acute malnutrition.

Rickets – Caused by vitamin D deficiency, rickets affects bone development; severe cases result in bowing of the legs.

Scurvy – Caused by vitamin C deficiency; typical signs of scurvy include swollen and bleeding gums and the slow healing of wounds or reopening of old wounds.

School feeding – Provision of meals or snacks to schoolchildren to improve nutrition and promote school attendance.

Seasonality – Seasonal variation of various factors – such as disease, sources of food and the agricultural cycle – that affect nutritional status.

Selective feeding programmes – Supplementary feeding or therapeutic care programmes.

Sentinel site – Selected community or service delivery site, used to detect changes in context, programme or outcome variable. Communities or areas are selected for a number of reasons, such as vulnerability to food insecurity in times of stress. Sentinel sites can range from health centres to villages to districts.

Severe acute malnutrition – A result of recent (short-term) deficiency of protein, energy, and minerals and vitamins leading to loss of body fats and muscle tissues. Acute malnutrition presents with **wasting** (low weight-for-height) and/or the presence of oedema (i.e., retention of water in body tissues). Defined for children aged 6–60 months, as a weight-for-height below – 3 standard deviations from the median weight-for-height for the standard reference population or a mid-upperarm circumference of less than 115 mm or the presence of nutritional oedema or marasmic-**kwashiorkor**.

Stabilization centre – Inpatient care facility established for the treatment of **severe acute malnutrition** with complications.

Stabilization phase – The initial phase of inpatient treatment for complicated **severe acute malnutrition**. It is intended to stabilize and readjust the patient's metabolism

through the use of special foods (F-75) and medical treatment and allows for close monitoring of the patient and for urgent therapy if complications develop. It is also known as 'Phase I' or the 'initiation phase'.

Stunting – Technically defined as below minus 2 standard deviations from median height-for-age of a **reference population**. See **Chronic malnutrition**.

Supplementary feeding programme – There are two types of supplementary feeding programmes. Blanket supplementary feeding programmes target a food supplement to all members of a specified at-risk group, regardless of whether they have **moderate acute malnutrition** or not. Targeted supplementary feeding programmes provide nutritional support to individuals with moderate acute malnutrition. To be effective, targeted supplementary feeding programmes should always be implemented when there is sufficient food supply or an adequate general ration for the general population, while blanket supplementary feeding programmes are often implemented when general food distribution for the household has yet to be established or is inadequate for the level of food security in the population. The supplementary ration is meant to be additional to, and not a substitute for, the general ration.

Supplementary suckling – A technique used to induce lactation by providing therapeutic milk to the infant while he or she is suckling. When suckling, the child gets therapeutic milk from a tube attached to the mother's nipple. Suckling stimulates breastmilk production, which eventually replaces therapeutic milk.

Supplementation (micronutrient) – Provision of micronutrients via a tablet, capsule, syrup or powder.

Targeting – Coverage of an intervention to specific population groups, identified as the most vulnerable.

Therapeutic care – Feeding and medical treatment to rehabilitate severely acutely malnourished children.

Therapeutic feeding programme – A programme that admits and treats **severe acute malnutrition** either at the health facility level or on an outpatient basis.

Therapeutic milks – Milk-based products supplemented by fats, sugar, micronutrients and other nutrients used in the treatment of severe acute malnutrition. Examples include F-75 and F-100, although other brands and local-based therapeutic milks exist.

Therapeutic paste – A generic term referring to lipid-based products used in the treatment of severe acute malnutrition.

Transition phase – Second phase of inpatient treatment for complicated **severe acute malnutrition**. It is intended to adapt progressively to the large amounts of food and nutrients that will be offered in the rehabilitation phase (outpatient or inpatient), and to monitor the patient.

Undernutrition – An insufficient intake and/or inadequate absorption of energy, protein or micronutrients that in turn leads to nutritional deficiency.

Underweight – **Wasting** or **stunting** or a combination of both, measured through the weight-for-age nutritional index.

Vulnerability – The characteristics of a person or group in terms of their capacity to anticipate, cope with, resist and recover from the impact of a natural (or human-made) hazard.

Wasting – Technically defined as below minus 2 standard deviations from median weight-for-height of a reference population. See **Acute malnutrition**.

Weight-for-age – Nutritional index, a measure of **underweight** (or **wasting** and **stunting** combined).

Weight-for-height – Nutritional index, a measure of **acute malnutrition** or **wasting**.

‘Wet’ feeding – Food aid provided in the form of a cooked ration to be consumed on site.

Wet nursing – Breastfeeding by a woman of a baby that is not her own.

Wheat soy blend (WSB) – A **blended food**.

Xerophthalmia – ‘Dry eyes’ which can be caused by vitamin A deficiency. Other eye signs of vitamin A deficiency related to the eyes include **night blindness**, **Bitot’s spots** and corneal ulceration.

Further background:

Response areas and typical activities

Therapeutic Feeding Programme

- Provision of Therapeutic Supplies (Plumpy’nut, F-100, F-75, Resomal etc.)
- Provision of equipment such as Therapeutic Feeding Centre kits, measuring boards, weighing scales, MUAC tapes, registers, etc.
- Provision of drugs such as amoxicillin, anti-malarials, vitamin A, deworming drugs, folic acid and special ORS (Resomal).
- Establishment of community- and facility-based sites for the management of severely malnourished children.
- Training of government personnel and staff of non-governmental organizations (NGOs) on proper management of both ‘out-patient and at the stabilization’ or inpatient centres.

Targeted Supplementary Feeding Programme

- Provision of supplementary food (CSB, WSB, Supplementary Plumpy).

- Provision of systematic drugs, equipment, etc.
- Establishment of Supplementary Feeding distribution sites.
- Training of government personnel and NGO staff in SFP management.

Blanket Supplementary Feeding Programmes

- Provision of supplementary foods.
- Training of health worker and NGO staff working on screening and distribution of the blanket supplementary food.

Infant and Young Child Feeding in Emergencies

- Support to care takers and health workers on optimum infant and young child feeding practices:
 - Promotion of and support for exclusive breast feeding for the first 6 months of life;
 - Promotion of and support for continued breast feeding for children from 6 to 24 months old and beyond; and
 - Support for timely initiation of appropriate complementary feeding of children older than 6 months.
- Establishment of safe areas where women can breastfeed and receive counselling.
- Where appropriate, provision of Ready to Use Infant Formula for the few cases where breastfeeding is not possible (e.g., babies who have lost their mother), after proper assessment and under proper supervision and guidance.
- Issuing of a joint statement on Infant and Young Child Feeding by UNICEF and other partners.
- Support to implementation of the International Code of Marketing of Breast Milk Substitutes and the Operational Guidance for Emergency Relief Staff and Programme Managers.

Micronutrient Deficiency Control and Prevention programme

- Procurement of Vitamin A, Zinc and Multiple Micronutrient Powders (MNP).
- Distribution of the Vitamin A, Zinc and MNP through government and NGO campaigns and supplementation routines.
- Training of health workers.

Nutrition Education linked to WASH and Health

- Information and training support for caregivers, and community mobilization and education.
- Development of awareness campaigns that provide information and behaviour change communication on hygiene, health and nutrition.

Assessment, Nutrition Surveillance/Information management and monitoring

- Input into multi-sectoral rapid assessments.
- Support for implementation of nutrition surveys.
- Supply of equipment.

- Establishment/strengthening of nutritional surveillance systems and monitoring.
- Monthly trend analysis of all cluster partners' statistics from feeding centres.

Issues to follow

In Acute Emergency

- An assessment to establish what the nutritional situation is and to determine corresponding needs.
- NGOs, United Nations and government capacity on the ground to implement programmes.
- Coverage of the nutrition programme.
- Availability of nutrition supplies, including food, drugs and equipment.
- Ability to monitor the nutrition, food security and health situation.
- Ensuring food security including the availability and adequacy of general rations (including iodized salt and fortified grain/cereals).
- Ensuring availability of health service and water and sanitation services as this is important in determining if the situation will deteriorate or not.

In the recovery

- Repair and construction of nutrition rehabilitation centres for managing severely malnourished children with complications.
- Build on local capacity, including community practices, to ensure delivery of comprehensive nutrition packages/services.
- Training of government staff on management of acute malnutrition.
- Development and monitoring of adherence of guidelines for community-based management of acute malnutrition (CMAM) and nutrition surveys.
- Development of a comprehensive nutrition response plan.
- Establishment of a Nutrition Surveillance system.
- Livelihood support such as cash-for-work and food vouchers.



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